

# EMS System Task Force

## Minutes - April 30, 2004 meeting

Representing	Member	Present?
EMS Region 1	Marty Boehm – Kalispell	yes
	George Humeston - Plains	yes
EMS Region 2	Linda Williams - Fort Benton	
	Justin Grohs - Chouteau	yes
EMS Region 3	Robbie Kavon - Plentywood (representing Chris Mehl)	yes
	Clay Berger – Glasgow	yes
EMS Region 4	Trudy Dickerson - Dillon	yes
	Mary Lou Smail - Sheridan	yes
EMS Region 5	Rick Poss - Lewistown	yes
	Bob Brown - Livingston	
EMS Region 6	Carol Raymond - Forsyth	yes
	Cindy Graff - Broadus	yes
Private Ambulance Service	Allen Bergemann - Billings	yes
	Don Whalen - Missoula	yes
	Mike McGree - Butte	
Fire-based EMS Service	Wally Broeder - Glendive	yes
	Brent Certain - Miles City	
	Mike Painter - Missoula (representing Thomas Steenberg)	yes
Tribal EMS Service		
Flight Service	Rosie Rosalez – Great Falls	
M.E.M.S.A.	Sally Buckles – Boulder	yes
Medical Director	Greg Moore, MD - Missoula	
	Anne Williams, MD - Glasgow	yes
Trauma Coordinator / ENA	Elaine Schuchard - Glasgow	yes
Board of Medical Examiners	Ken Threet	yes
	Jeanne Worsech	yes
Indian Health Service	James Upchurch, MD - Hardin	
M.H.A. - Hospital Administrator	Carol Bischoff - representing MHA	yes
Legislator	Rep. Jeff Pattison - Glasgow	
State Trauma Care Committee	John Mootry - Dillon	
Consumer / Member at Large		

Advisory to the Task Force		
EMS & Trauma Systems	Jim DeTienne	yes
	Kim Todd	yes
	Thom Danenhower	
	Pam Scott	
	Pam LaFontaine	yes
	Todd Harwell - Bureau Chief	yes
Critical Illness & Trauma Found.	Joe Hansen	yes

Hospital Bioterrorism / HRSA	Dayle Perrin - Helena	yes
	Stu Reynolds - Havre	
Highway Traffic Safety	Audry Allums - Helena	yes

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**Handouts:**

- EMS Task Force Membership
  - Contact List
  - EMS & IP Functional Org Chart
  - EMS & IP Org Chart
  - EMS Region Map
  - NHTSA evaluation results
  - Montana EMS Plan (discussion draft)
  - EMS & IP Mission / Vision
  - EMS & IP Overview
  - MHA Member Survey results
  - EMS Survey results
  - Minnesota Rural Ambulance at Risk document
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**Discussion:**

Welcome / Introductions  
Jim DeTienne

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**Summary:**

Survey - How much revenue is generated from a \$.25 assessment on every motor vehicle registration?

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**Discussion:**

Task Force – Why, Goals,  
Membership - Jim DeTienne

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**Summary:**

Regions explained.

They are small enough for smaller regional meetings as needed. They follow the MHA regions closely if there is a future need to integrate with hospital meetings. They follow the trauma regions closely (eg. EMS regions 3, 5, & 6 equals Eastern Trauma Region).

MHA will be advising soon who the two hospital representatives will be.

Representation - May consider adding reps for DES, public health or health department, Red Cross. Charlie Hansen could fill a DES/Red Cross slot. Still a rep for member at large, Board of Nursing and tribal

EMS.EMS & IP Reorg - EMT licensing went to the BOME along with two positions (Ken Threet & vacant position). Current office staff have begun strategic planning including Mission / Vision. This task force is advisory, but will be relied upon to develop a state EMS plan which will provide direction to the office roles.

BOME - The fee structure and budget of the BOME was explained. BOME's entire budget is based upon income from cert and recert fees. Previously exams costs were supplemented by other budgets and grants.

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<b>Discussion:</b> EMS & IP Reorg and Strategic Planning, con't	<b>Summary:</b> EMS & IP is de-emphasizing regulatory functions and planning for a technical assistance / quality improvement and team approach to development of an EMS system.  Reviewed current workloads and projects.  Patient Care Report - Use of the current form which was sent out recently is voluntary. It incorporates some aspects of bubble form in it to see what the reaction is. Current literature searches indicated that bubble forms are not popular so this may not be included in the next revision. A follow up survey from services using the form will be done in the near future.  Funding has been received to develop a prehospital data collection software. Internal department approvals for the project are being obtained. Several individuals have volunteered to take part in a steering committee for this project. This project will include replacing the office database and functionality for statewide resource management for disaster response.  Service licensing rules are being revised to accommodate the language and intent of the BOME rules.  EMSIP is updating the website, looking into a listserv and bulletin boards for additional methods to inform others of what is going on.
<b>Discussion:</b> EMS Network - Joe Hansen	<b>Summary:</b> Joe reviewed a proposal to apply for grant funds to develop a Montana EMS network. This network would be have EMS service membership to meet needs for issues for group purchases, insurance, vehicle purchases, etc.
<b>Discussion:</b> Bioterrorism - Jim DeTienne	<b>Summary:</b> EMSIP has limited staff and time to fully develop any bio-terror program, but we are getting up to speed on several projects. PPE are being purchased for each ambulance service. Some funds are being used to upgrade ambulance and hospital radios to P-25 systems in the NE MT area. An inventory of the entire state will be completed and further funds will be requested. There are two Mobile Incident Management Units (old ambulances with disaster / EOC capabilities) which will be operationalized sometime in the near future. Seven trailers with caches of spine boards and bandages for 100 patients will be distributed at locations around the state.
<b>Discussion:</b> BOME Update - Ken Threet / Jeanne Worsech	<b>Summary:</b> <ul style="list-style-type: none"> <li>• Provided overview of BOME, positions which went there from EMSIP, funding and budgets.</li> <li>• New EMT rules are in effect-New lead instructor workshops will be conducted in June</li> <li>• Unprofessional conduct rules were expanded for EMTs and medical directors-Local exams &amp; audits are being implemented</li> <li>• EMT re-licensure is available online</li> <li>• Fee changes were addressed-New applications / curriculums, etc. are on the BOME website</li> <li>• EMT training programs, as well as training courses, can now be approved</li> <li>• Endorsements will be allowed</li> </ul>

<b>Discussion:</b> Montana Hospital Association Survey	<b>Summary:</b> <ul style="list-style-type: none"> <li>• Was sent to administrators statewide</li> <li>• Summarized results were provided to the task force</li> <li>• This survey points the need for additional survey(s) to get better information about the state of EMS.</li> </ul>
<b>Discussion:</b> Resource documents for the task force to review	<b>Summary:</b> <ul style="list-style-type: none"> <li>• EMS Agenda for the Future</li> <li>• Draft Rural and Frontier Agenda for the Future</li> <li>• 1991 NHTSA statewide EMS assessment-Minnesota Rural Ambulance Services at Risk document</li> </ul>
<b>Discussion:</b> EMS Draft Plan	<b>Summary:</b> <ul style="list-style-type: none"> <li>• Suggest as a format for a plan which can provide direction into the development of a Montana EMS system</li> <li>• Task Force will develop the problems, solutions and tasks in each of the 10 EMS components</li> <li>• The remainder of the meeting was used to discuss issues and problems in each of the components (there was time to discuss 3 of the 10 components). These discussions were allow the bring everybody's issues to the table before trying to prioritize problems and find solutions.</li> </ul>
<b>Discussion:</b> Funding / Policy	<b>Summary:</b> <ul style="list-style-type: none"> <li>• Funding under Homeland Security is going primarily to fire based agencies. EMS may need to align better with fire for funding. EMS needs to be involved with LEPCs in local areas</li> <li>• Homeland security funding may be drying up significantly in the next few years</li> <li>• A discussion about what the role of EMSIP is and what we want the role to be. ie. regional vs. statewide approaches; technical support vs. regulatory approaches.</li> <li>• Are there other models for EMS services to function under? ie. paid or part paid vs. volunteer; align with hospitals and clinics for practice more rather than totally volunteer.</li> <li>• How can services run more like a business including billing and reimbursement; more training for service managers; hiring of EMTs/staff.</li> <li>• Need to involve medical direction more in each service.</li> <li>• There was a question about how many counties use the EMS mil levy - JimD will research an answer.</li> </ul>
<b>Discussion:</b> Resource management	<b>Summary:</b> <ul style="list-style-type: none"> <li>• There are a lot of recruitment and retention issues</li> <li>• Are there ways to allow EMTs to work in the ER or hospital to enable better pay, better skills and better system. Are there opportunities for cross training more such as lab/EMT, education coordinator/EMT. Need to deal with rules to better define the in-house practice of EMT skills.</li> <li>• Need strategies for recruitment/retention - eg. Retirement, workers comp, ways to get more experience; training; cadet level program</li> <li>• How to tap the needs of families and EMS vs. EMS responses requirements</li> <li>• Need to consider how to be more selective on who takes courses</li> <li>• Need to consider how to make certification and ongoing education courses more available</li> </ul>

<b>Discussion:</b> Education & Training	<b>Summary:</b> <ul style="list-style-type: none"> <li>• Need quality improvement in place to drive education / training issues and efficacy based programs</li> <li>• Who should be responsible for setting quality - State, Local or both?</li> <li>• Are there better ways to get EMTs to commit to 150+ hours of training?</li> <li>• Will ride-a-longs with larger services help with experience and skill maintenance?</li> <li>• Are there better ways to training? - ie. web-based or other distance learning methods; provide education in schools; how to get better instructors; provide courses at different times for people with different schedules (days)</li> <li>• How is military EMT training different than civilian?</li> <li>• Develop training for service medical directors</li> <li>• Help with policy development</li> </ul>
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<b>Discussion:</b> Where to go from here	<b>Summary:</b> <p>Need to finish a discussion of the remaining 7 components</p> <p>Next meeting: July 23rd, 9:00 - 4:30, Helena</p> <p>Everybody needs to bring calendars to this meeting so that future meetings can be determined. Propose July/October/January/April</p> <p>One day meetings on Friday seem to be best</p> <p>July meeting - begin to select who wants to be on which subcommittees and others outside of the task force who may want to be involved at that level</p>

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**Discussion:**

Thanks to the Montana Hospital Association

**Summary:**

MHA has been very supportive to this process - both financially and administratively. They will use Rural Flex funds to help fund travel, meeting and other costs through the next year.

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